DEPARTMENT OF HEALTH & HUMAN SERVICES



Food and Drug Administration 2098 Gaither Road Rockville MD 20850

JAN 1 7 2001

MEDTOX Diagnostics, Inc. c/o Mr. Larry R. Pilot McKenna & Cuneo, L.L.P. 1900 K Street, N.W. Washington, D.C. 20006-1108

Re: K002331

Trade Name: PROFILE® -ER

Regulatory Class: II Product Code: DIS

Dated: December 22, 2000 Received: December 22, 2000

Dear Mr. Pilot:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarked notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4588. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

Steven I. Gutman, M.D., M.B.A.

Director

Division of Clinical Laboratory Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Steven Toutman

Enclosure

INDICATIONS FOR USE FORM

•	
510(k) Number (if known): <u>K 00 2</u>	2 33 1
Device Name: PROFILE®-ER	
Indications for Use:	
barbiturates, benzodiazepines, methador detects barbiturates and their major met test detects benzodiazepines and their m ng/mL. The test detects methadone at the	promatographic test for the rapid, qualitative detection of the and tricyclic antidepressants in human urine. The test tabolites at the cut-off concentration of 200 ng/mL. The major metabolites at the cut-off concentration of 300 he cut-off concentration of 300 ng/mL. The test detects metabolites at the cut-off concentration of 300 ng/mL. It
chemical method must be used in order chromatography/mass spectrometry (Go barbiturates, benzodiazepines and metho is the preferred confirmatory method fo	nary analytical test result. A more specific alternate to obtain a confirmed analytical result. Gas C/MS) is the preferred confirmatory method for adone. High Performance Liquid Chromatography (HPLC or tricyclic antidepressants. Clinical consideration and d to any drug of abuse test result, particularly when it. Division Clinical Laboratory Devic Co233
Concurrence of CDRH, Office of Device	ce Evaluation (ODE)
Prescription Use(Per 21 CFR 801 109)	or Over-The-Counter Use